


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90390 025 ***150.00

DOCUMENT # F80594 1. Entity Name SCANCOR, INC.					
Principal Place of Business 5270 GULF OF MEXICO DR. STE 501 LONGBOAT KEY FL 34228			Mailing Address 5270 GULF OF MEXICO DR. STE 501 LONGBOAT KEY FL 34228		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 98-0053307 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAMBRECHT, WILLIAM G. 200 S ORANGE AVE SARASOTA FL 34236			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORGENSEN, PETER		NAME		
STREET ADDRESS	136 NORMANDIE		STREET ADDRESS		
CITY-ST-ZIP	ST. LAMBERT, QUEBEC		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORGENSEN, METTE		NAME		
STREET ADDRESS	136 NORMANDIE		STREET ADDRESS		
CITY-ST-ZIP	ST. LAMBERT, QUEBEC		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORGENSEN, ANNEMETTE		NAME		
STREET ADDRESS	588 BROUGHTON ST #2106		STREET ADDRESS		
CITY-ST-ZIP	VANCOUVER BC		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMSON, TRISSE		NAME		
STREET ADDRESS	1331 BENT CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	BOGART GA 30621		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORGENSEN, STEEN		NAME		
STREET ADDRESS	136 NORMANDIE		STREET ADDRESS		
CITY-ST-ZIP	ST. LAMBERT, QUEBEC		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: PETER JORGENSEN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			April 1st, 2004 941-383-1134 <small>Date Daytime Phone #</small>		